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|--|---------------------------|---------------------------|---------------------|--------------------------------------|-----------------|------------------------|--------------|-------------|
| AM   | Complete if Known         |                           |                     |                                      |                 |                        |              |             |
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).   |                           |                           |                     | Application Number                   |                 | 10/702,363-Conf. #8515 |              |             |
| FEE TRANSMITTAL  |                           |                           |                     | Filing Date                          |                 | November 6, 2003       |              |             |
| For FY 2007  |                           |                           |                     | First Named Inventor                 |                 | Ravi Pratap Singh      |              |             |
|  |                           |                           |                     | Examiner Name                        |                 | B. P. Johnson          |              |             |
| Applicant claims small entity status. See 37 CFR 1.27  |                           |                           |                     | Art Unit                             |                 | 2183                   |              |             |
| TOTAL AMOUNT OF PAYMENT (\$) 1,240.00  |                           |                           | Attorney Docket No. |                                      | A0312.70461US00 |                        |              |             |
| METHOD OF PAYMENT (check all that apply)   |                           |                           |                     |                                      |                 |                        |              |             |
| X Check Credit Card Money Order None Other (please identify):  |                           |                           |                     |                                      |                 |                        |              |             |
| Deposit Account  Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.  |                           |                           |                     |                                      |                 |                        |              |             |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |                           |                           |                     |                                      |                 |                        |              |             |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee   |                           |                           |                     |                                      |                 |                        |              |             |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   |                           |                           |                     |                                      |                 |                        |              |             |
| FEE CALCULATION  |                           |                           |                     |                                      |                 |                        |              |             |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES  |                           |                           |                     |                                      |                 |                        |              |             |
| FILING FEES SEARCH FEES EXAMINATION FEES   |                           |                           |                     |                                      |                 |                        |              |             |
| Application T  | ype Fee (\$               | Small Entity Fee (\$)     | Fee (\$             | Small Entity (5) Fee (\$)            | Fee (\$)        | Small Entity Fee (\$)  | Fees Pa      | id (\$)     |
| Utility  | 300                       | 150                       | 500                 | 250                                  | 200             | 100                    | 100010       |             |
| Design   | 200                       | 100                       | 100                 | 50                                   | 130             | 65                     |              |             |
| Plant  | 200                       | 100                       | 300                 | 150                                  | 160             | 80                     |              |             |
| Reissue  | 300                       | 150                       | 500                 | 250                                  | 600             | 300                    |              |             |
| Provisional  | 200                       | 100                       | 0                   | 0                                    | 000             | 0                      |              | i           |
|  |                           | 100                       | U                   | U                                    | U               | U                      |              | mall Entity |
| 2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Small Entity Fee (\$) Fee (\$)  50 25  |                           |                           |                     |                                      |                 |                        |              |             |
| Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  50  200   |                           |                           |                     |                                      |                 |                        |              | 25<br>100   |
|  |                           |                           |                     |                                      |                 |                        |              | 180         |
| Total Claims   |                           |                           |                     | aid (\$) Multiple Depen              |                 |                        |              |             |
| -= x =   |                           |                           |                     | <u>Fee</u>                           |                 | ee (\$) <u>F</u>       | ee Paid (\$) |             |
| HP = highest number of total claims paid for, if greater than 20.  |                           |                           |                     |                                      |                 |                        |              |             |
| Indep. Claims  | Extra Claims              | <u>Fee (\$)</u> =         | Fee                 | Paid (\$)                            |                 |                        |              |             |
| HP = highest num   | ber of independent claims | paid for, if greater that | an 3.               |                                      |                 |                        |              |             |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 |                           |                           |                     |                                      |                 |                        |              |             |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  |                           |                           |                     |                                      |                 |                        |              |             |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 (round up to a whole number) x =  |                           |                           |                     |                                      |                 |                        |              |             |
| 4. OTHER FEE(S)  Fees Paid (\$)  |                           |                           |                     |                                      |                 |                        |              |             |
| Non-English Specification, \$130 fee (no small entity discount)  |                           |                           |                     |                                      |                 |                        |              |             |
| Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00 1801 Request for continued examination (RCE) (see 37 790.00  |                           |                           |                     |                                      |                 |                        |              |             |
| SUBMITTED BY   |                           |                           |                     |                                      |                 |                        |              |             |
| Signature  | William 7                 | ?. me Clel                | lan                 | Registration No.<br>(Attorney/Agent) | 29,409          | Telephone              | (617) 646    | -8000       |
| Name (Print/Type)  | William R. McClel         |                           |                     |                                      |                 | Date                   | April 20,    | 2007        |
|  |                           |                           |                     |                                      |                 |                        |              |             |
|  |                           |                           |                     |                                      |                 |                        |              |             |

Certificate of Malling Under 37 CFR 1.8(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: April 20, 2007

Signature: